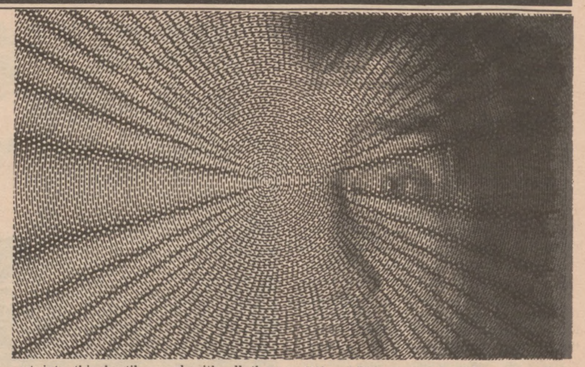
"...you'll go out once, and eventually you'll be there for the rest of your life..."



mitted, he's put on drugs...But getting back to this average lower-income black patient...after you go to Remotivation I, you'll be on enough dope that when your family comes to visit you...once every two weeks, once every three weeks, once every month...at first...they'll see how good you're doing since you're on all these drugs...you know, you just kind of grin and walk around and follow anybody that tells you to...Then you'll be conditionally discharged, and you'll go home...they give you a two weeks supply of medicine, and when it runs out you're just as crazy as you were before, so you're back...you'll go out once, maybe two or three times, and eventually you'll be there for the rest of your life...

DAVE: Well...they tell them now they can go to the mental health centers and get more medicine...but they did a study of return patients coming back to the hospital for readmission and 60 percent of them took their medicine while they were home, but they came back anyway...their stay in the hospital hadn't done them any good...they were getting their medicine in the hospital, and the whole hospital environment and everything, so they ship them home...they were still taking their medicine, but the hospital hadn't prepared them worth a damn for what was at home...for what was out in the community.

MARY: We should say that the hospital is good for some of the patients...some of them are really messed up and need to be there; otherwise they'd hurt somebody or themselves...but a lot of them are just a little bit messed up, and they get more messed up in the hospital a lot of times. I've even had patients say to me, "If I stay here any longer, I'm really going to go crazy"...these doctors, who hardly ever see the patients, take their so-called advice from...see, they have the last word on the patients; they write all the orders and we're supposed to follow them...they can write an order on who visits the patient; they can write an order on where the patient's transferred to; they decide all that...yet they seldom see the patients...they may talk to the supervisor, who never sees the patients, or maybe the head nurse, who spends most of her time in the office and doesn't see the patients much either.

OS: Well, who does see the patients?

RON: The aides...we're the ones. I was locked on this ward with 38 people who were considered potentially dangerous...that's why they were there...by myself most of the time...but they don't listen to us.

MARY: When I was turning in that report on the doctor, the administrator at Crafts-Farrow told me personally...he said, "Well, I wish I could see some of this stuff(abusive treatment), because I'm a professional, and my opinion would bear more weight than yours even though you've seen it...because you're a non-professional, and they're not going to listen to you."

OS: Does anyone else see the patients?

MARY: The social workers are supposed to have contact with the patients and families...see, they're supposed to be important in that they can deal with the doctor, and the patient, and the patient's family...but I've gone up to patients or they've come to me with a problem and I'd say, "Well, have you talked with your social worker?" ..."I don't know who my social worker is"...these patients have been there two or three years, maybe more, and they don't know.

OS: You mentioned chemotherapy...any other regular forms of therapy available?

DAVE: I work in activity therapy, which is supposed to be a part of the overall therapeutic program...but we do very little in the way of actual therapy...it's mostly non-therapeutic entertainment...dances, movies, bingo games...we see less than ten people a month for what I would call real therapy...but the attitude of the recreation director is that recreation in itself is therapy...whatever form it happens to take...

MARY: If you feel like participating in recreation, you do it...like bingo games...but a lot of patients are just too doped up to do it...

DAVE: What we're doing is spending a hell of a lot of time entertaining and not much time in treatment...we get a lot of referrals from doctors and treatment teams...we've had an ungodly number...several hundred...but they never show up. The nursing service won't send the patients to us...we've sent in appointment cards to the wards, but the patients never show up for groups. If you call, the nurses may send them for a couple of days and that's it...they don't come back.

MARY: It's just not consistent.

DAVE: But that's what the recreation program should be...you should have a whole program directed to carry out the treatment needs outlined by a treatment team, who should be seeing the patient, analyzing the patient, deciding what the course of hospitalization ought to hold for a patient. The entertainment aspect should be to accent the program, not be the program...but that's what's happened. It's totally an entertainment-type thing, and we really haven't done very much with it at all.

OS: To change the subject a little bit, you were talking among yourselves earlier about confinement. Want to discuss it now?

MARY: This ward I'm on is for patients who go on leave without pass, who run away from the hospital, or patients who return within a month...

OS: All women?

MARY: Right...patients who return within a month after they've received a conditional discharge or trial visit, and also patients from other wards who get in fights...they send them down to our ward. So there's a lot of upset patients, plus patients who've been brought back by their families...a combination. Anyway, on this ward they have "seclusion rooms" where they put suicidal precautions...no clothing, a bare matress, a bare pillow...and what they call a suicide blanket which is a plastic or rubberized type blanket...

OS: You have no clothes to wear?

MARY: No...and its in a small room...I don't know what the size is...(to Ron)...what would you say? About ten by six?

RON: Ten? You guys must have big ones.

MARY: Ours are about ten by six...And the only contact these patients have with human beings other than people staring in at them through the bars is when their meals are brought, or when their medicine is brought...unless the aides take time to go in, or unless they're sick and the doctors have to see them.

But this one patient that they've been trying to get out of the seclusion room finally came out today. She wanted to go back in; she was scared to death to come out, because for one thing, the other patients will beat her up...if they get upset, they'll beat on her...I just started petting her and talking to her...shaking like a leaf!...and all of a sudden she started hitting me, but not very hard. Someone told me she'd been in there since at least February...in that one room that's all . . . but they wanted her to come out into this hostile ward with all these people. She was so scared . . . the reason she hit me was she wanted to get put back in the room . . . it was security for her by now.

But they wouldn't let her back in the room...one of the aides came up and the patient started slapping her, so the aide just hit her, hit her with her fist. They locked this patient on the dayroom with the other patients, and she started hitting one of them, and this aide told them, "Knock the shit out of her...if she tries to hit you, just knock the shit out of her." Now what kind of treatment is that?

You see, these patients are in these seclusion rooms until the doctor decides they can get out...and when that is, who knows...and when they are let out, they're put right back on the ward and expected to adjust.

RON: See, the seclusion rooms are usually right on the ward..or just removed from the ward...let's see, on the ward where I was there were eight or ten rooms...with people walking by all day.

MARY: And staring in at them...one girl put her mattress in front of the door so people couldn't look in at her.

OS: So you can see into them?

MARY: Oh, sure...its like a jail...Nobody goes by to visit with them, though...they're just in there because they've acted up or because they'll kill themselves...that's all it is...its seclusion and no treatment whatsoever...it's amazing...no treatment, no clothes, no nothing...no nothing...they get out to go to the bathroom...they have to walk down the hall in nothing...just nude, walking down the hall.

RON: And you know what they do at night? They give them a bucket.

MARY: That's supposed to be treatment for people...and it just isn't...

RON: To get on our ward, you go through a...there's a cage that runs the whole length of the ward...big steel cage, like chicken wire, and a huge door with bars in it...and that's supposed to be a psychiatric environment?

MARY: And a lot of these people, who are really, really sick and need psychiatric help, never see a doctor unless they're ill...they never see a nurse unless they start raising hell...and then they usually don't seen them because they get locked up with a shot to knock them out.

A lot of the patients get upset because of the people in charge...

MARY: Lot of the patients in the ward where I work are supposed to be the bad patients, the fighting patients...they're there because they got pissed off at an RN or an LPN or an aide or a doctor that said something derogatory to them, which happens all the time...they treat them like animals...when something derogatory is said, their natural reaction...they're kind of messed up anyway...is to fight back, so they strike back. They hit somebody or bust out a window or something and the nurse in charge sends them to us because they were acting up. They never ask why they're acting up...they never ask why the patients do this, they just react to the patient's actions.

RON: I think the whole thing boils down to the nursing service...which includes the RNs, LPNs, nurses' aides...just about everybody who's not in administration. I think the whole thing is the attitude of 90 percent of the nursing service personnel...they just do not give a damn about the patients. The place where I worked for about ten months was taken over by an ex-Army nurse...old, past retirement age...and one day she made the statement to me, "This ward sure is looking nice, now that the patients are getting regimented..."

MARY: Regimented...that's the key...

RON: If the pateints stay all day in one of the two dayrooms, that's perfect...

MARY: And if they don't ask you any questions, if they don't come to the office...they're good patients...

RON: They have what they call "nurse's notes" . . . and they keep notebooks with nurse's notes on every patient. They're supposed to be written at least once a month. Usually they're your observations of the patient signed with your name and title . . . o.k., now I can go in and write nurse's notes on patients and doctors will totally ignore them because they contradict what an LPN or RN has written.

Finally I told the supervisor I wasn't writing anymore notes...but first I wanted to read her one written by (an LPN)...the whole damn thing was a lie. She stays in the office the whole time and never sees the damn patients . . . but she said this one liked to talk too much at mealtime and therefore wouldn't ever finish his meals. When I started working on that ward, the guy couldn't even feed himself...he drank too much moonshine and it screwed up his muscles and his coordination real bad. But after several months, he finally get to where he'd feed himself, but he had to eat it really, really super slow...he finally got to where he could eat his whole meal by himself...even open his milk carton, which is amazing on this ward. But the nurse had written all this stuff about how he liked to talk too much...hell, the patient never talked unless you started the conversation. She just knew he hadn't finished his meals so she made up this story to fill out her report.

OS: Well, from all your experiences--all three of you--do you think the majority of patients who leave there have been helped?

DAVE: By that specific experience they've had there?

OS: Yes.

DAVE: No.

MARY: No, not at all.

DAVE: A lot of them could have been helped, like at the mental health centers, where they could have been given...

OS: I don't mean were they potentially helpable...I assume some in the majority I mentioned certainly were...but were they helped? Do they get help at the state hospital? Does the average patient who's admitted, stays, and gets out...is he helped in your opinion?

MARY: The average patient? No.

DAVE: What the help is...is just getting away from whatever might be adding to or causing the problem somewhere else...I think that's about all the help they're getting...I don't have many problems if I just

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"...There are 23 psychologists ...a ratio of 239 to 1..."

sit somewhere and don't have any responsibility.

OS: All right...suppose I find a building, put some beds in it, hire some aides and so forth...get some tranquilizers...and bring the people in there...Isn't that essentially what you're saying? You're getting them away from where they were.

MARY: That's all it is...

DAVE: I think the medicine has...it's going to help some, you know, but as far as getting down and alleviating any of the problems...teaching the pateints to get into coping with whatever's causing the problems . . . it's just not happening much. I mean, there's some of that going on in some of the special programs, but not too damn much. A lot of times they just ask if there's anyone at home to take care of them...if there is, then we'll send them to staff and get them out. If you get somebody from your family who says they want you home...unless you're going to hurt somebody or yourself, they'll send you home.

RON: Part of the problem is money, I guess...they're really understaffed. I've got some figures here...it took me two days to get them from the Department of Mental Health. For fiscal 1970-71, they had 5532 patients at State Hospital and Crafts-Farrow, but only 52 physicians, including M.D.s and psychiatrists--that's a ratio of 106 to 1.

DAVE: And you've got to remember that figure includes doctors in administrative roles...there are at least five or six of those who don't do any ward work.

RON: I've got some more figures here. There are 23 psychologists, which is a ratio of 239 to 1. There are more nursing assistants...1084...which is about 5 to 1, but you've got to remember that's on three shifts and includes vacations and days off.

DAVE: And there are more aides in the special program areas than on the regular wards.

MARY: On my ward there are two aides for 120 patients...

OS: Are those typical figures?

MARY: Hell yes.

RON: There have been times when an aide covers three wards...they had to put a phone on one of the back wards so if a fire started, the patients could call an aide on one of the other wards...

DAVE: But if money's the whole problem, why don't they let people find out about what's happening out there? Why not let the taxpayers know? Let them bear it on their consciences if it's money, but don't try to gloss over it with this "Healing With Concern" stuff...

MARY: You know, I hate to be real negativistic about the situation, but it is real negative...but there are some people the state hospital is good for...It's a fact...

DAVE: Sure, you've got people who go berserk.

OS: Yes, but what could you substitute for the state hospital that would be just as good for those people?

MARY: Prison...

RON: Yes...or something like that... confinement...

MARY: Confinement...

DAVE: It's just getting away from...being taken away from society.

OS: And what is that? Why not call it prison?

MARY: The patients do call it that.

OS: Yes...but they're crazy...

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To The Voters of South Carolina

I am a Democratic candidate for the United States Senate. Both my opponent in the June 27 primary and the Republican incumbent are representatives of the political establishment that runs this state and this country. Both consider me "anti-establishment." They are right.

You know what establishment politics has meant for South Carolina and America. The average working man is feeling an unprecedented economic pinch. While corporate profits are at an all-time high, many are unemployed or underemployed, wages and salaries of those who have jobs are restricted, and their buying power diminished by unchecked inflation.

The working man's taxes continue to increase, yet corporations and individuals with high incomes pay far less than their fair share as a result of loopholes and breaks granted them by the establishment.

For all the taxes paid in, the functions of government are too often performed ineffectively and inefficiently. Our priorities badly need re-ordering; the fact that our state constitutional officers and other officials received substantial raises in 1972 while the teachers of our children in the public schools were denied the salary increases they need and deserve is only one example. On the federal level, resources badly needed for education, health and to preserve our natural environment continue to be diverted to the senseless war in IndoChina.

Women, Blacks and young people striving to secure their rights still face tremendous opposition from the establishment, and they wonder at the ability of our democracy to deliver on its promise of liberty and justice for all.

The political decisions that create these situations are far too often made in smoke-filled rooms by individuals who don't know or don't care about the real needs and wants of the people. Policies are established and candidates are selected by power brokers and special interests, and you are expected to go along. In return, you get broken promises, half-truths and lies from elected officials, corruption in positions of trust and neglect of your interests in favor of a privileged few.

I believe I can forge the kind of united effort that will lead the Democratic Party of South Carolina in the direction of honest reform and change to become a true party of the people.

I believe the people will respond to my candidacy because they are sick and tired of establishment politics with its credibility gaps, its fence-straddlers and its non-leaders. I share the people's discontent. I find the status quo unacceptable; we can and we must do better.

I intend to devote every ounce of my energy to winning the Democratic Primary on June 27 and the General Election in November. I ask you to give me your help. I need your vote on June 27, and I need you to ask friends and neighbors to vote for me

If you are able to be more directly involved come by my headquarters at 1520 Bull Street in Columbia. Talk with us there and learn where we stand. Working together, I know we can win and turn South Carolina and America back to the people.

Very sincerely yours,

John Bolt Culbertson

John Bolt Culbertson